

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES  
Registration Section  
25 Sigourney Street  
PO Box 2937  
Hartford CT 06104-2937

## Form OR-202

### APPLICATION CONNECTICUT HAZARDOUS WASTE TAX

(Rev. 9/96)

DO NOT WRITE IN THIS BLOCK

Connecticut Tax Registration Number

#### SEE REGISTRATION REQUIREMENTS BELOW BEFORE COMPLETING THIS APPLICATION

DRS USE ONLY				1. Type of generator <input type="checkbox"/> Large quantity <input type="checkbox"/> Small quantity		Federal Employer I.D. Number	
TAX	REG	TR.	AD	2. Owner's name, partners' names or corporate name		Social Security Number	
00							
00				3. Trade of registered name if different from above			
00				4. Physical location of this business (P.O. Box is not acceptable) (Zip + 4)		Telephone Number	
00				5. Business mail address if different from item 3 above (Zip + 4)			
00				6a. Name and home address of owner, partner or officer (Zip + 4)		Social Security Number	
00				6b. Name and home address of partner or officer (Zip + 4)		Social Security Number	
00				6c. Name and home address of partner or officer (Zip + 4)		Social Security Number	
				7. Type of organization ("X" One, if "other," attach explanation.) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		8. Are you currently registered with this Department? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" indicate registration number)	
CORPORATION APPLICANT ONLY				9. Organized under laws of what state?		10. If other than Conn. corp. show date registered with Conn. secretary of state. (Mo., Day, Yr.) / /	
						11. If Conn. corp. show date organized (Mo., Day, Yr.) / /	
DECLARATION				I declare under the penalties of false statement that this application has been examined by me and to the best of my knowledge and belief it is true, complete and correct.			
				Authorized signature		Title	
						Date	

#### FOR DRS USE ONLY - DO NOT WRITE BELOW THIS LINE

LEVEL 2	Tax	Rec.	Trans.	Registration Date	SIC Code	Type Org.	State	Legal Date	Total Remit.
	00	10	2	/ /					-0-
LEVEL 6	Tax Type	Rec. Type	Trans.	Register Date	Start Date	Bus Town	Source	Liab Code	
	72	10	2	/ /					
	Fil. Code	Type Fil.	Mail Code	Security Number	Security Date	Security Amount	Fee Remited		
	1111	1	1		/ /				-0-

#### REGISTRATION REQUIREMENTS

Section 22a-132 of the Connecticut General Statutes imposes a tax on:

- a) generators of hazardous waste required to file a manifest pursuant to the Resource Conservation and Recovery Act of 1976.
- b) generators of hazardous waste shipping hazardous waste to treatment or disposal facilities located in the state.